



# ASPCA®

THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS  
424 East 92nd Street, New York, NY 10128

Tel: (212) 876-7700  
www.aspc.org

## ANIMAL SURRENDER FORM

Seizure Date: \_\_\_\_\_

HLE Case #: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Badge #: \_\_\_\_\_

Owner Surrendered

Abandoned

Stray (to be transported to CACC)

## ANIMAL INFORMATION

How many animals? \_\_\_\_\_

1. Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Animal ID #: \_\_\_\_\_ Hospital #: \_\_\_\_\_

NYC License # \_\_\_\_\_ Rabies Tag # \_\_\_\_\_ Has animal bitten anyone? Yes \_\_\_ No \_\_\_ S/N: Yes \_\_\_ No \_\_\_

2. Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Animal ID #: \_\_\_\_\_ Hospital #: \_\_\_\_\_

NYC License # \_\_\_\_\_ Rabies Tag # \_\_\_\_\_ Has animal bitten anyone? Yes \_\_\_ No \_\_\_ S/N: Yes \_\_\_ No \_\_\_

3. Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Animal ID #: \_\_\_\_\_ Hospital #: \_\_\_\_\_

NYC License # \_\_\_\_\_ Rabies Tag # \_\_\_\_\_ Has animal bitten anyone? Yes \_\_\_ No \_\_\_ S/N: Yes \_\_\_ No \_\_\_

## OWNER/AGENT INFORMATION

Name \_\_\_\_\_ Street \_\_\_\_\_ Apt.# \_\_\_\_\_

Borough \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone ( ) \_\_\_\_\_ Wk Phone ( ) \_\_\_\_\_

## RELINQUISHING RECEIPT FOR ANIMALS SURRENDERED TO ASPCA BY OWNER

I acknowledge that my signature on this receipt relinquishes all claims of ownership of the animal(s) described above. Neither my family, any representatives acting on my behalf, nor I may assert present and/or future claims, suites, or otherwise against The ASPCA with respect to this animal(s). I understand that The ASPCA will not return this animal to me, once left in its care, under any circumstances, unless otherwise approved by The ASPCA. I am also aware that the animal(s) may be humanely euthanized if behavioral and/or medical problems render this animal(s) unsuitable for adoption.

I acknowledge that my signature on this receipt grants permission to The ASPCA, or its Agent to enter and remove any and all animals within address described above. Neither my family, any representatives acting on my behalf, nor I may assert present and/or future rights, claims, suits, or otherwise against The ASPCA with respect to this animal(s). I hereby agree to release, indemnify and hold harmless The ASPCA, its past, present, and future officers, directors, agents and employees from and against any and all liability, claims, suits, actions, judgements, costs, fees, including reasonable attorney fees and damages caused by and/or arising out of and/or in connection with this animal(s).

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

## DISPOSITION

The following animals were hereby released to Agents of The ASPCA.

1. Date \_\_\_\_\_ CACC  Released to Adoptions  Euthanized  Other  \_\_\_\_\_

CACC # \_\_\_\_\_ Animal ID # \_\_\_\_\_ Hospital # \_\_\_\_\_

2. Date \_\_\_\_\_ CACC  Released to Adoptions  Euthanized  Other  \_\_\_\_\_

CACC # \_\_\_\_\_ Animal ID # \_\_\_\_\_ Hospital # \_\_\_\_\_

3. Date \_\_\_\_\_ CACC  Released to Adoptions  Euthanized  Other  \_\_\_\_\_

CACC # \_\_\_\_\_ Animal ID # \_\_\_\_\_ Hospital # \_\_\_\_\_